| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | Smc | 7100 | 3/26/89 |
| O.I.P.E. CLASSIFIER | | 31 | 4/5 |
| FORMALITY REVIEW | 59573 59573 | | 5-2-9? 4-37-96 |

## INDEX OF CLAIMS

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|---|---|---|
| ✔ ................................ Rejected | N ................................ Non-elected |
| = ................................ Allowed | I ................................ Interference |
| — (Through numeral)... Canceled | A ................................ Appeal |
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| Claim (Final / Original) | Date | | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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